

Agenda

Meeting: Care and Independence Overview & Scrutiny Committee

Venue: The Brierley Room, County Hall, Northallerton, DL7 8AD
(See location plan overleaf)

Date: Thursday 22 March 2018 at 10.30am

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Business

1. Minutes of the meeting held on 14 December 2017 (Pages 6 to 11)
2. Any Declarations of Interest
3. Public Questions or Statements.

Members of the public may ask questions or make statements at this meeting if they have delivered notice (to include the text of the question/statement) to Ray Busby of Policy & Partnerships (*contact details below*) no later than midday on Monday 19 March 2018. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);

- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct those taking a recording to cease while you speak.

		<i>PROVISIONAL TIMINGS</i>
4.	Chairman's remarks - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee. (FOR INFORMATION ONLY)	
5.	Health and Social Care Integration – a) Presentation by Louise Wallace (Assistant Director, Health and Adult Services) b) Task Group Draft Terms of Reference - Report by the Scrutiny Team Leader (Pages 11 to 13)	10.40-11.15am
6.	Strength Based Assessment Approaches– Report by Rachel Bowes (Assistant Director, Health and Adult Services) (Pages 14 to 36)	11.15am -12 noon
6.	Engagement in Health and Adult Services - Introduction and Presentation by Louise Wallace (Assistant Director, Health and Adult Services)	12noon-12.15pm
7.	Work Programme - Report of the Scrutiny Team Leader (Pages 37 to 43)	12.15pm
8.	Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.	

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall,
Northallerton.

13 March 2018

NOTES:

Emergency Procedures for Meetings

Fire

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Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

Accident or Illness First Aid treatment can be obtained by telephoning Extension 7575.

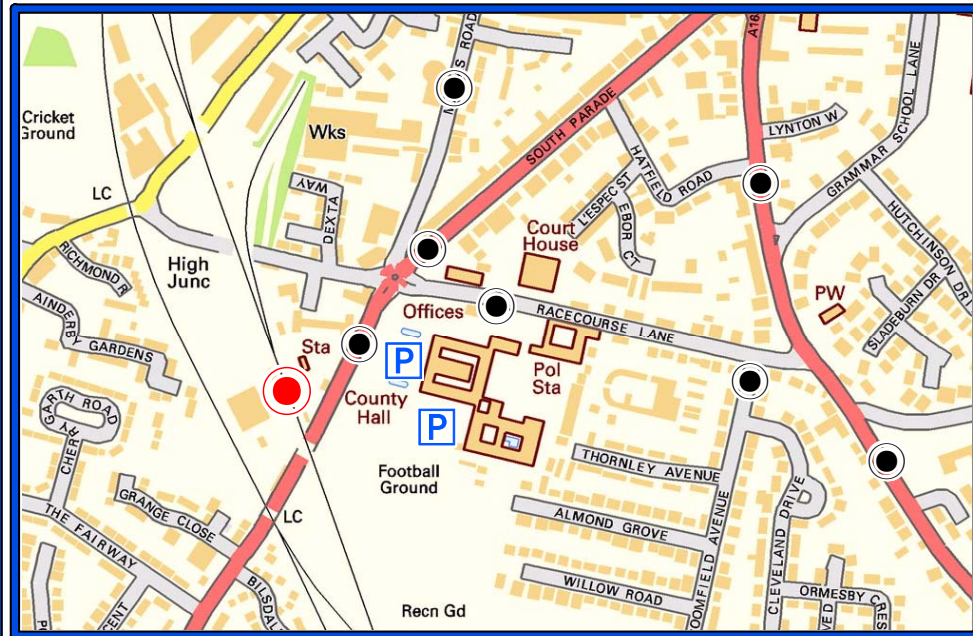
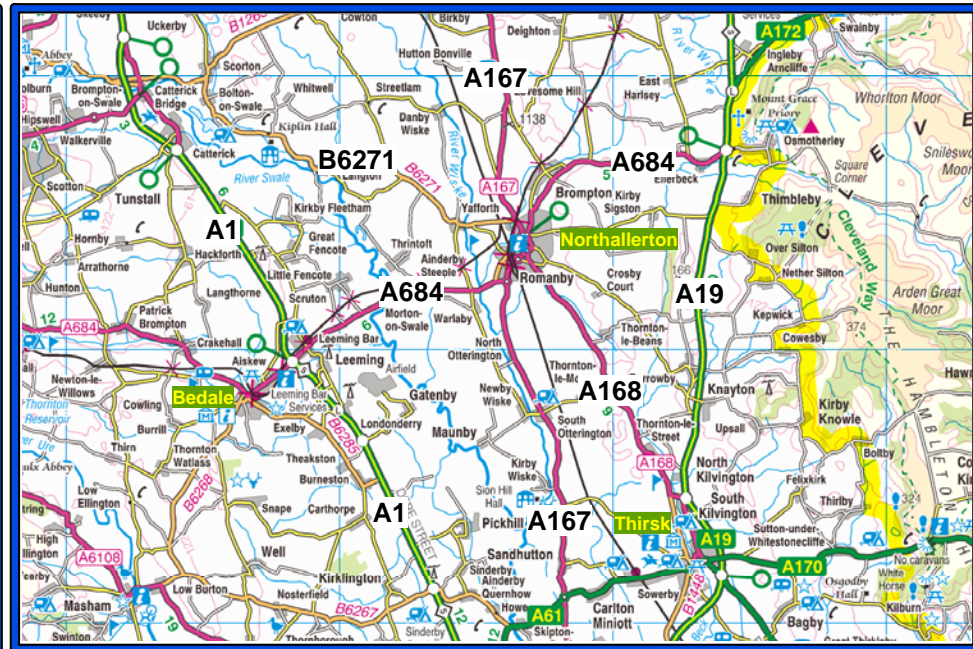
Care and Independence Overview and Scrutiny Committee

1. Membership

County Councillors (13)					
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Group</i>	<i>Electoral Division</i>	
1	BROADBANK, Philip		Liberal Democrat	Harrogate Starbeck	
2	BROADBENT, Eric		Labour	Northstead	
3	CHAMBERS, Mike MBE		Conservative	Ripon North	
4	ENNIS, John	Chairman	Conservative	Harrogate Oatlands	
5	GOODRICK, Caroline		Conservative	Hovingham and Sheriff Hutton	
6	GRANT, Helen	Vice-Chairman	NY Independents	Central Richmondshire	
7	JEFFELS, David		Conservative	Seamer and Derwent Valley	
8	JENKINSON, Andrew		Conservative	Woodlands	
9	LUMLEY, Stanley		Conservative	Pateley Bridge	
10	MANN, John		Conservative	Harrogate Central	
11	MARTIN, Stuart MBE		Conservative	Ripon South	
12	SEDGWICK, Karin		Conservative	Middle Dales	
13	WILSON, Nicola		Conservative	Knaresborough	
Members other than County Councillors – (3)					
Non Voting					
	<i>Name of Member</i>	<i>Representative</i>	<i>Substitute Member</i>		
1	QUINN, Jill	Dementia Forward			
2	PADGHAM, Mike	Independent Care Group			
3	VACANCY				
Total Membership – (16)				Quorum – (4)	
Con	Lib Dem	NY Ind	Labour	Ind	Total
10	1	1	1	0	13

2. Substitute Members

Conservative		Liberal Democrat	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	MOORHOUSE, Heather	1	GRIFFITHS, Bryn
2	PLANT, Joe	2	
3	PEARSON, Chris	3	
4	ARNOLD, Val	4	
5	LUNN, Cliff	5	
NY Independents		Labour	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1		1	COLLING, Liz
2		2	
3		3	
4		4	
5		5	



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DL7 8AD



North
Yorkshire County Council

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North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Thursday 14 December 2017 at 10.00am at County Hall, Northallerton.

Present:-

County Councillor John Ennis in the Chair

County Councillors: Val Arnold (as substitute for Karin Sedgwick), Philip Broadbank, Eric Broadbent, Mike Chambers MBE, John Ennis (in the Chair), Caroline Goodrick, Helen Grant, Andrew Jenkinson, Stanley Lumley, John Mann, Stuart Martin MBE and Nicola Wilson.

Independent Sector: Mike Padgham (Independent Care Group)

In attendance:

County Councillors Caroline Dickinson and Michael Harrison (Executive Members for Adult Social Care).

Nigel Ayre (Chief Officer, Healthwatch) and Kathryn Reid (Regional Inspector CQC)

Officers: Ray Busby (Scrutiny Support Officer), Kathy Clark (Assistant Director, Commissioning (HAS)), Janine Tranmer (Head of Quality & Monitoring, Quality and Engagement), Dale Owens (Assistant Director of Care and Support, Health and Adult Services), Dr Lincoln Sargeant (Director of Public Health), Louise Wallace (AD Health and Integration, Commissioning (HAS))

Apologies:

County Councillors David Jeffels and Karin Sedgwick

Voluntary and Community Sector: Jill Quinn (Dementia Forward).

Copies of all documents considered are in the Minute Book

142. Minutes

Resolved –

That, the Minutes of the meeting held on 28 September 2017, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

143. Declarations of Interest

There were no declarations of interest to note.

144. Public Questions or Statements

The committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

145. Care Standards

Considered –

- a) Introduction and Line of Enquiry from the Scrutiny Team Leader
- b) CQC responsibilities and Briefing - a presentation from Kathryn Reid
- c) HAS perspective and responsibilities - a presentation and briefing from Kathy Clark and Janine Tranmer
- d) Social Care and the Independent Sector - a presentation and briefing from Mike Padgham
- e) Healthwatch – a briefing by Nigel Ayre

Kathryn Reid, Regional Inspector for the Care Quality Commission, the independent regulator of health and adult social care in England, explained how the commission goes about making sure care services provide people with safe, effective, compassionate, high-quality care; and how the Commission encourages care services to improve.

North Yorkshire's quality compares favourably across the Northern region in terms of providers - of Care homes, Nursing Homes and Domiciliary Care - rated good and outstanding. There are no services in North Yorkshire rated inadequate overall. CQC continues to strive to get all providers to good and outstanding.

HAS staff explained the role of its quality and monitoring team to support development of market monitoring, trends analysis, and joint working with providers and regulators, including work on training and career pathways. Members were impressed with:

- the commitment to share information regionally;
- the creative approaches being taken to recruitment
- the way the directorate supports struggling providers and has engagement meetings with providers;
- the stated aim to get out to regulated services once every three years while investing in staff to get this down to once every 18 months; and
- how the directorate is looking to capture the service user voice.

Nigel Ayre explained that Healthwatch representatives undertake visits of health and adult social care provider premises within North Yorkshire known as, "to enter, view and observe". Representatives have open and frank conversations with service users, and share information. Healthwatch can then work with providers to improve - especially on the little things that might make a big difference.

Mike Padgham placed the local situation in the context of national challenges to social care. Demographics suggest that the care home sector will continue to play an ever-increasing role in supporting older people with complex health and social care needs. Yet it is well known that, like all social care providers across the country, North Yorkshire establishments are experiencing significant pressures in maintaining the very high standards we have, quite rightly, come to expect. This, Mike added, is the so-called 'perfect storm': rising demand, falling funding, greater inspection, staff shortages. Nationally, up to a quarter of care homes are thought to be at risk of closure.

Referencing the Competition and Markets Authority (CMA) report into the £16bn care homes sector, Mike pointed to the increasing number of care homes who are unable to accept the care fees NYCC can afford. The amount local authorities pay (£621

average) has fallen below what it actually costs to provide care. Self-funders pay on average £846.

Despite the pressures, Members' remarked upon their experiences that over the last few decades care provision – especially in residential establishments - has improved dramatically in many different ways. The importance of dignity in care, seeing the individual person and respecting their own space and their way of life, is now accepted as a given.

Some members expressed concerns about the limitations of choice in the care sector, for example where the one operating establishment in an area is struggling, or worse still, closing. These concerns were, at least in part, assuaged by reassurances that there are contingency plans in place to address those service interruptions that would pose the greatest risk locally.

Kathy Clark advised that consultants are to help the directorate to look at how we encourage new developments in the social care market and joint work with health colleagues. This is part of the authority's duty to promote the efficient and effective operation of the market for adult care and support as a whole.

Members noted the responsibility of the county council to deal with provider failure. Evidence was given to us of how, overall, these processes have historically been managed well.

Resolved –

- a) Members were reassured from the evidence they reviewed and the comments made that there was a close working relationship at a local level between CQC, the HAS directorate, Healthwatch and other partners.
- b) The committee would wish to return in future meetings to the state on the local care market, especially how NYCC might use a range of approaches to encourage and shape it, so that it meets the needs of all people in our area who need care and support, whether arranged or funded by the state, by the individual, or in other ways.

146. Intermediate Care

Considered -

Presentation by Dale Owens (Assistant Director of Care and Support, Health and Louise Wallace (AD Health and Integration, Commissioning (HAS)).

Dale and Louise highlighted how Intermediate care is a multi-disciplinary service that helps people to be as independent as possible. It provides support and rehabilitation to people at risk of hospital admission or who have been in hospital.

Members pointed to the evidence of good practice locally and strong support being provided through the various types of the Intermediate Care Service in North Yorkshire: Home-based intermediate care; Reablement; Bed based intermediate care - sometimes described as 'step up' and 'step down'; and Crisis response.

Resolved -

- a) That the presentation be noted.
- b) How we adopt a 'strength based' approach and maximise every opportunity for people to become more independent and achieve their desired outcomes through creative care and support planning be scrutinised at the next meeting.

147. Health and Social Care Workforce

Considered -

Draft report by the Task Group, Chaired by County Councillor, of the Joint Scrutiny by the Scrutiny of Health Committee and the Care Independence Overview and Scrutiny Committee, which has scrutinised health and social care workforce planning, over the course of three meetings since September 2017.

Daniel Harry talked through the content of the report explaining that, if agreed, the final version will be presented to a future meeting of the North Yorkshire Health and Wellbeing Board. Ray Busby added that the second element of this work - a review of the wider health and social care integration in North Yorkshire - would start once this approval process had been completed.

Resolved -

That the report has the full support of the Committee.

148. Director of Public Health Report

Considered –

The Annual Report of the Director of Public Health

Dr Lincoln Sargeant presented his fifth Annual Report for information and for feedback.

He explained that the report highlights the contribution older people make to society and some of the challenges faced by individuals and communities as they age. It examines services that help, and explores opportunities for improving systems across social care, health and wider determinants such as housing. The aspiration is that older people should be recognised as active citizens, not passive recipients of services.

The first part of the report focuses on healthy retirement encompassing good mental and physical health as well as financial planning. The second considers need for support as we age, using a series of case studies to illustrate the challenges and potential supports. The third examines end of life care. Members liked the way the report explores these three transitions through ageing.

Resolved -

- a) That the report and presentation be noted.

- b) As this year's report's content matches so closely the committee's remit, Dr Sargeant be invited Lincoln to report back sometime in the autumn of 2018 with an update on implementation.

149. Work Programme

Considered -

The report of the Scrutiny Team Leader on the Work Programme.

Resolved -

That the Work Programme be agreed.

North Yorkshire County Councils Scrutiny of Health Committee**Care and Independence and Overview Scrutiny Committee****HEALTH AND SOCIAL CARE INTEGRATION**

PROPOSED JOINT TASK GROUP: OUTLINE

Inquiry Topic

A national policy objective over many years has been the integration of health, social care and related services. Whilst there is a general acceptance at a national and local level that the integration of services is a good thing which will lead to improvements in service delivery, many aspects of what integration means remain unclear, often with little detail about what should be integrated and why.

Background

Integration is often categorised in three broad ways:

1. Patient level - for example joint assessments
2. Service level - bringing services together in one place single or for single people with one condition eg diabetes
3. Organisational level - pool budgets , commissioning of services

The primary focus of this review is upon integrating services and enhancing service delivery, rather than integrating structures and organisations.

Objective

The successful integration of health and social care, according to the Kings fund, offers three potential benefits

1. better outcomes for people, eg, living independently at home with maximum choice and control
2. more efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time
3. Improved access to, experience of, and satisfaction with, health and social care services.

In this context, the review will seek to:

- Understand what services are being delivered, what is planned, and what the impact of these services has or will be upon patient/service user outcomes.
- Establish whether the potential benefits are being realised in the integrated services are currently delivered.
- Assess whether the current approaches to integrated health and social care services being developed, trailed and implemented are the most appropriate

Methodology

The approach taken is a joint task group involving both the Scrutiny of Health Committee and the Care and Independence Overview and Scrutiny Committee. It will be supported by Ray Busby and Daniel Harry.

The King's Fund (2011) 'Integrating health and social care - where next?' identified a number of factors that are helpful to integration and which may hinder integration, as summarised below:

Helpful factors

Friendly relationships
Leadership
Commitment from the top
Joint strategy
Joint vision
Co-terminosity
Additional funding
Patient and user focus
Frontline staff commitment
Joint commissioning
Central guidance
Joint appointments
History of success.

Hindering factors

Performance regimes
Financial pressures
Organisational complexity
Changing leadership
Financial complexity
Culture
Commissioning
National policies
Local history
Data and information technology
Planning
Workforce

Some of all of these factors may provide a helpful framework for the scrutiny.

The approach taken to include:

- Desktop research into national guidance, policy and best practice
- Written reports and presentations
- Call for evidence - Consultation with stakeholders, carers and patients asked to provide written evidence (see end of paper below)
- A published report on the written evidence received ie Who responded, Response rates, from whom etc Assessment of success of process, What they said, Main themes raised, Concerns, weaknesses, strengths etc, Ways forward, Selection of (key) findings
- A select committee of one session, running from 10am to 3.30pm, during which members will hear evidence and then form conclusions and recommendations.

Output

Members will reach a view and agree any recommendations and publish a report. As a minimum the completed report will have:

- an explanation of the matter reviewed or scrutinised;
- a summary of the evidence considered
- a list of participants involved in the review or scrutiny; and
- recommendations on the matter reviewed or scrutinised
Set out a process by which those subject to recommendations can respond formally and appropriately

A POSSIBLE call for Evidence

Will include some the above by way of background and explanation but will be centred on key questions/the basis of the call for evidence)

This review is seeking evidence on the following questions in particular

- What is the level of ambition for the integration of health, mental health and social care services in North Yorkshire?
- What services are likely to be included?
- What are the benefits to services users and patients?
- What are the system wide financial benefits?
- What barriers to integration have been identified and how is it proposed to deal with them
- What are the risks and how will these be mitigated?
- Is there a preferred model for or approach to integration locally?
- Will there be variations in approaches across services and geographies?
- Is greater collaboration and coordination of service planning and delivery quicker, easier and more flexible?
- How do we know what good looks like, how have we measured progress towards integration achieved thus far, and what conclusions have been drawn from that
- What are the steps we now need to take

Submissions may not need to address all questions - adapted questions to make them relevant to whatever categories of stakeholders are identified. Broadly:

1. Questions for service users
2. Questions for service providers
3. Questions for Commissioners
4. Questions for Voluntary and community sector representative groups

How people can submit a response

Call for evidence form to be in various formats eg (Some might need to write a submission (online?), some just a simple online questionnaire). Email.

Oral Evidence

If task group intend to do this at some point, allow people to say whether they are willing to attend for this session

ITEM 6

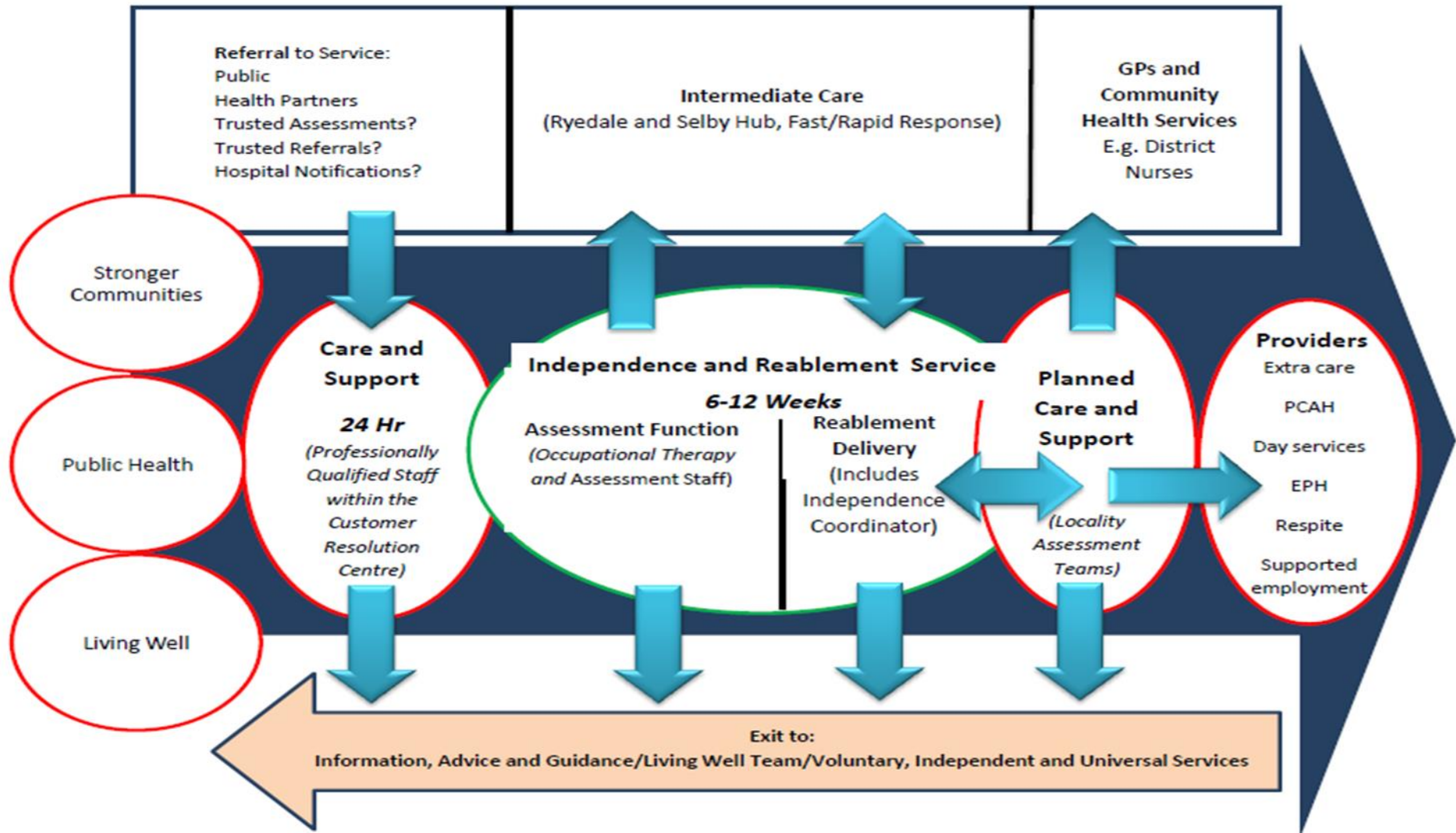
C&I Scrutiny 22nd March 2018

Strength Based Assessment Approaches

Rachel Bowes- Assistant Director Care & Support

Background

- Strength Based Assessments are a requirement of the Care Act 2014
- They support our responsibility to promote wellbeing and independence and reduce dependency
- They help us achieve our requirement to prevent, reduce or delay needs (alongside our Targeted Prevention and Public Health offer)
- They put people at the centre of our work
- Strength based approaches are used across our entire pathway



What makes a good assessment?

A strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.

*Alex Fox, chief executive of the charity
Shared Lives*

Follow a holistic/whole-person approach.

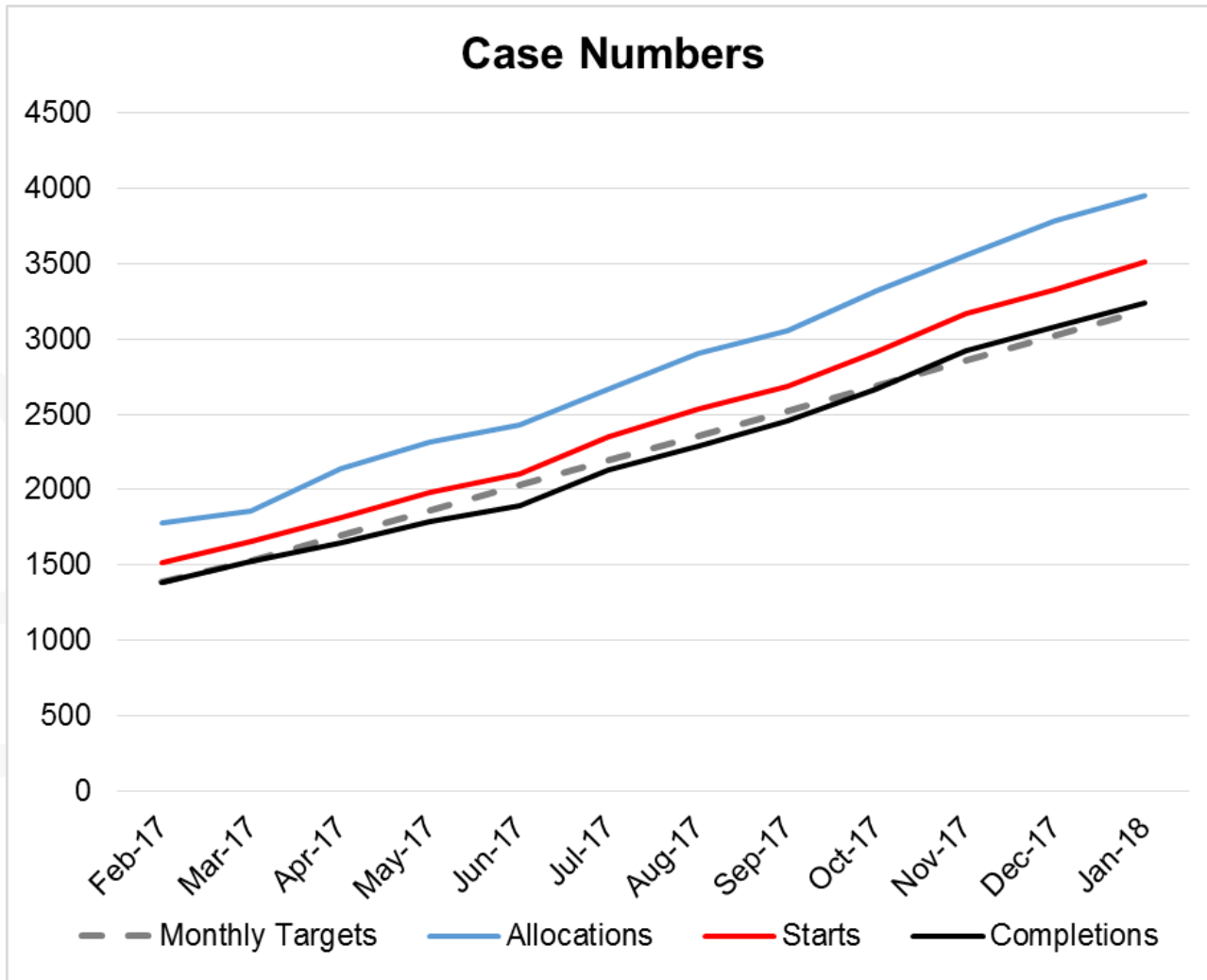
- Look at the whole community and be aware of the support available from that community.
- Focus on a whole-life approach not just a person's care needs.
- Focus on outcomes.
- Consider how the individual might contribute to the local community, and hence be better integrated in the wider society around them.

(Social Care Institute for Excellence)

How we have implemented strength based approaches

Month 20 data – January 2018

	No.	% against target number of completions	Monthly Change
Target number of completions	3,187	-	-
Number allocated	3,947	124%	-1%
Number started	3,515	110%	-
Number completed	3,238	102%	-



Outcomes we have achieved with
people through strength based
approaches

Case Study

Background	<p>KD is 81, lives alone, has lived in Tockwith all her life, has a good family network around her to offer support. Since the last assessment KD has been formally diagnosed with vascular dementia. SBA completed with KD, she has support package with Springfield care x3 daily, she is still trying to be as independent as she can. KD wishes to remain at home for as long as she is able to. Has bits of equipment at home to support her with living independently.</p>
Actions	<p>SBA completed for KD as she was prone to having UTI's which resulted in several hospital admissions where she would be in hospital for weeks at a time, KD is also diabetic. As a result of the SBA, x2 daily carers have ensured KD has a good level of nutrition/fluids and also are quick to respond if they feel KD is unwell. Carers administer all medication ensuring her physical and mental wellbeing are being met. Since having POC, KD has had no further admissions into hospital.</p>
Conclusion - narrative	<p>From the assessment I felt the POC was meeting KD needs, her physical, emotional and mental wellbeing were been met by having this support.</p>
PB	<p>Previous PB -£7600.00 Current PB - £6417.00</p>
LLA number	<p>192607</p>

Case Study - Sophie

Sophie is 18 years old. She has a rare genetic condition resulting in a learning disability and unstable epilepsy. Sophie was a Looked-After Child and at the time of her assessment she was in a foster placement but had to leave there by her 18th birthday. She is still at school.

As a sociable young woman Sophie enjoys spending time with others. She likes listening to music, singing and dancing. Sophie is aware that she must move, but lacks insight into her needs. There are concerns about how Sophie would manage her health, behaviours, risk and general activities of daily living on her own. Sophie is very dependent upon others in this regard and has had little opportunity for choice and control in her life so far.

At the outset it was identified that Sophie had substantial difficulty in understanding the assessment process. An independent advocate was appointed to support her. Information was sought from her Leaving Care Worker, CYPS Social Worker, foster parents, and school nurse.

Due to her life experiences Sophie's personal strengths, social network, and informal community resources were limited, but her enthusiasm and potential to develop independence was encouraging. By working with Sophie and her advocate the priorities identified were:

- To find accommodation within the same town and stay at school
- To maintain links with her existing friends and create new social networks
- To have opportunities to develop her skills in daily living
- To be supported to stay safe, to manage her money, and to monitor her health whilst developing new skills
- To have more choice and control over her life



Pictured above - Sophie before (left) and after (middle, right) her SBA assessment

Sophie has now settled into a shared supported living tenancy with 3 other young adults. She has made new friends and has greater responsibility for managing her own life. She had never before had the opportunity to choose her own clothes and dressed in a much older style. Sophie was supported to go shopping for a new wardrobe; this has transformed the way she feels about herself and the way other people perceive her. (see photos)

Throughout this entire process her mental capacity has been carefully considered, with best interest decisions made regarding her finances, accommodation and tenancy agreement. Information was adapted and simplified to make it more accessible for Sophie's level of understanding, ensuring she was as involved as possible in all the agreed outcomes. Although her PB is high, it is anticipated that formal services can reduce as her strengths are maximised over time.

Case Study

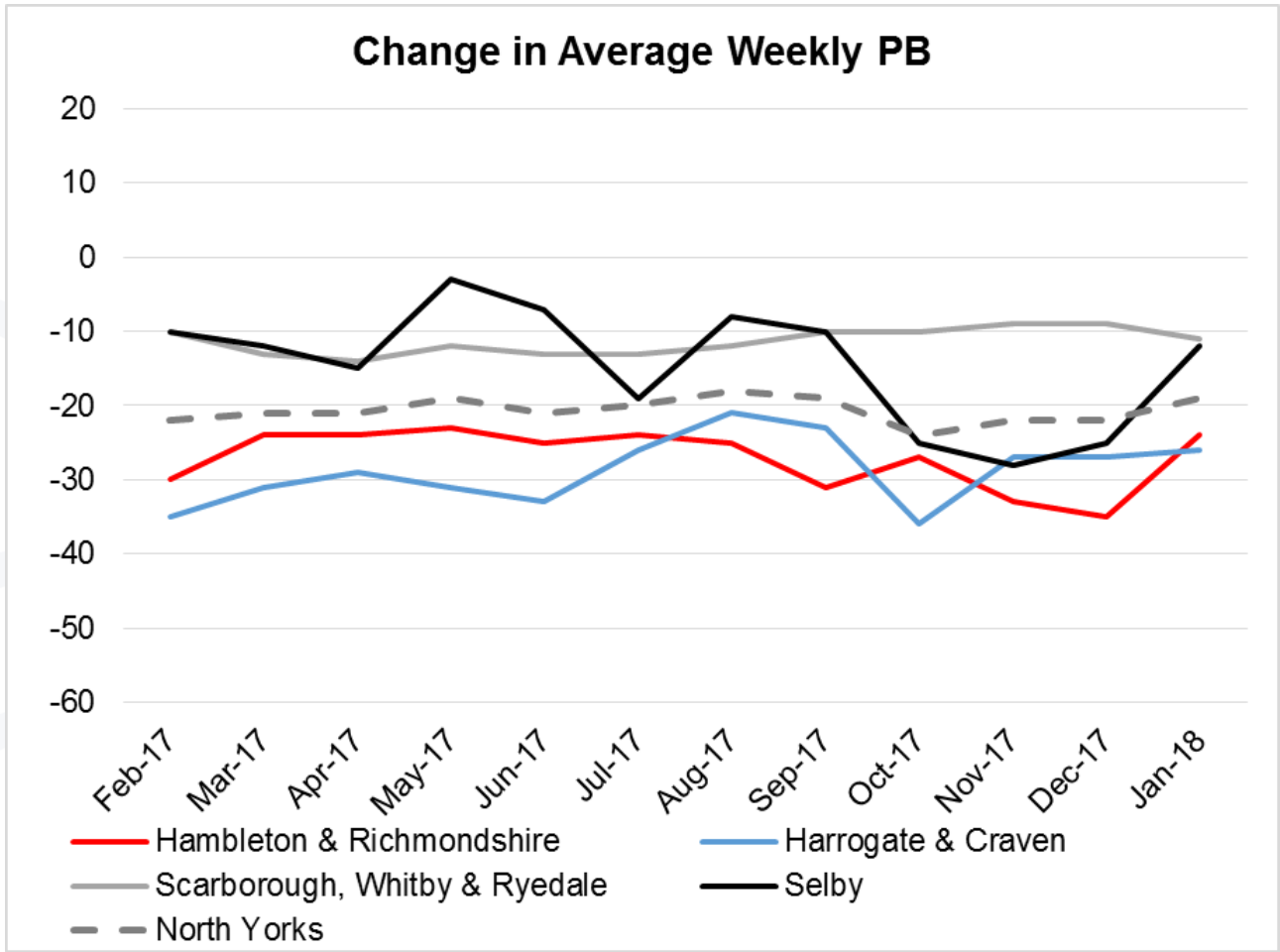
Background	Mr IM lives with his wife in their own home. Mr IM has Huntington's Disease and this affects every single aspect of his day to day life. Mr IM has an agreed Personal Budget of £19,570.72 to be provided in the form of a Direct Payment managed by his wife. He received some funding from CHC funding on top of his PB.
Actions	A detailed Strength based reassessment was completed on 12 th January 2017 which identified other health needs and a new CHC application was completed and processed.
Conclusion - narrative	As a result of the thorough SBA, and the CHC application, the person is now fully funded CHC. A lesson learnt is “always consider CHC “.
Previous PB, Current PB	£19570 NIL
LLA number	780047

Case Study

Extra Care

Background	Following the loss of her husband and due to deteriorating health Mrs H (age 93) went to live with her daughter and son in law, giving up her own home. Mrs H has a diagnosis of dementia. Mrs H became increasingly dependent on her daughter. As Mrs H's needs increased her daughter no longer felt able to manage. A referral was made for respite with a view to long term placement.
Actions	SCA provided carers assessment for daughter and completed a strength based assessment with Mrs H, with daughter's support. It was agreed that respite was needed at that point but the SCA felt it was important for Mrs H to be aware of all options, including Extra Care, explaining to Mrs H and her daughter the benefits of having carers on site 24/7, assistive technology and organised activities. Mrs H and her daughter both felt that Mrs H should give it a go.
Conclusion - narrative	Mrs H moved in June 17 to extra care. With support from the SCA and Reablement Team Mrs H has grown in confidence and has regained independence reducing the level of support needed from carers from 15.75 to 10.5 hours. Both her physical and cognitive abilities have improved and she appears to be thriving in her new home.
Previous PB, Current PB	£23,725.00 £15,353.00
LLA number	833254

Savings



Impact on PBs

Revised PB Is:	All Cases	
Higher	1,154	36%
No Change	973	30%
Lower	1,111	34%
Total	3,238	100%

Month 20 data – January 2018

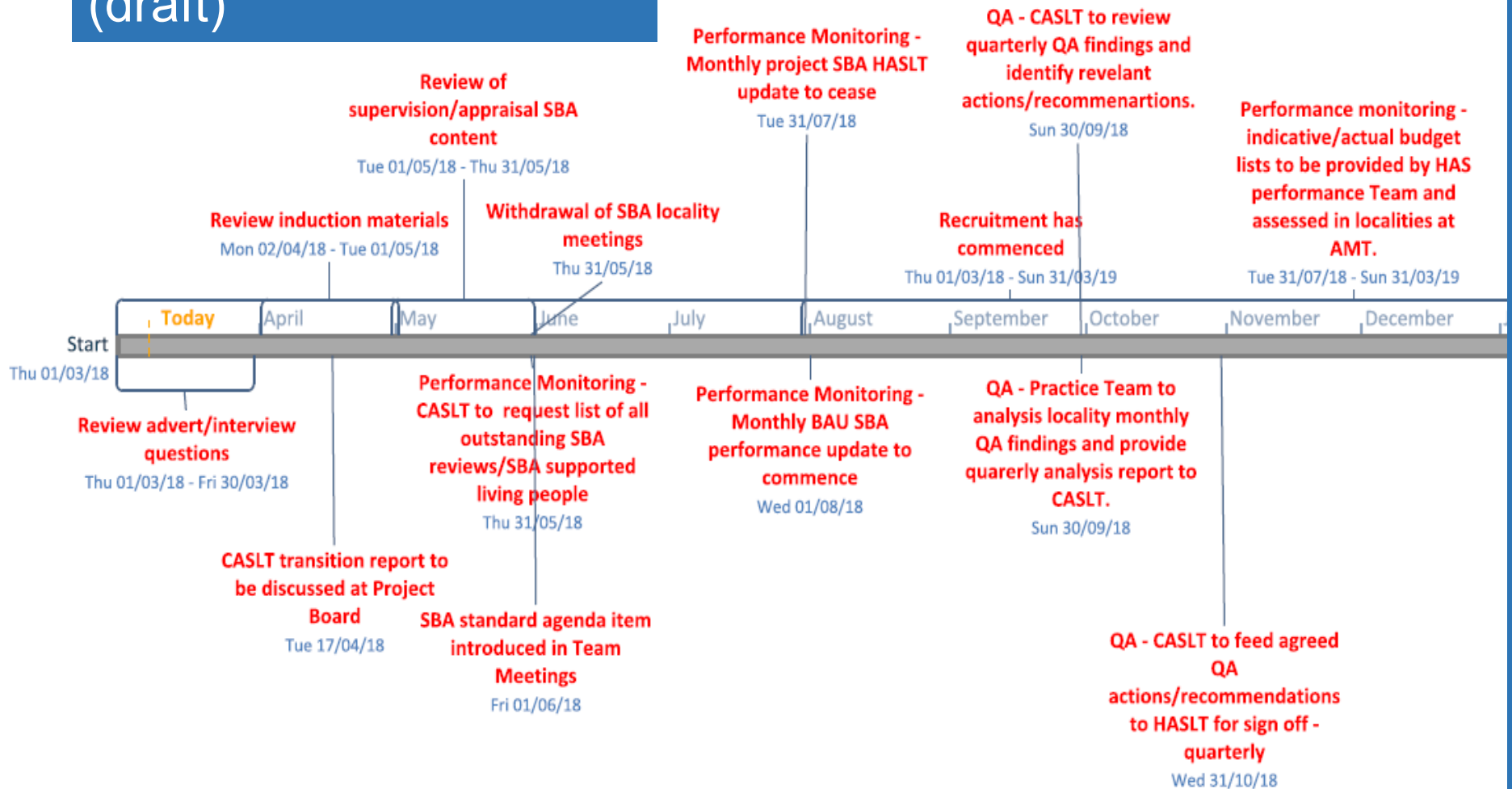
PERSONAL BUDGETS	Average Starting PB	Average Revised PB	Average Change	
Hambleton & Richmondshire	274.52	250.23	24.29	8.8%
Harrogate & Craven	338.25	312.05	26.20	7.7%
Scarborough, Whitby & Ryedale	286.71	275.39	11.32	3.9%
Selby	262.13	249.71	12.41	4.7%
Total	296.64	277.47	19.17	6.5%

Annualised Net Savings

Locality	2016/17	2017/18	Total
Countywide	£3,900	(£2,298)	£1,602
Hambleton & Richmondshire	£489,071	£363,876	£852,947
Harrogate & Craven	£579,980	£745,494	£1,325,474
Scarborough, Whitby & Ryedale	£429,670	£224,010	£653,680
Selby	£87,686	£176,514	£264,200
North Yorkshire	£1,590,307	£1,507,595	£3,097,902
Target	£1,000,000	£2,067,000	£4,042,000

Next steps.....

Transition timeline (draft)



Any questions?

NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

22 March 2018

Work Programme 2018

1.0 Purpose of Report

- 1.1 The Committee has agreed the attached work programme (Appendix 1).
- 1.2 The report gives Members the opportunity to be updated on work programme items and review the shape of the work ahead.

2.0 Background

- 2.1 The scope of this Committee is defined as: 'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'

3.0 Items emerging out of Mid Cycle Briefing

- 3.1 The following items were discussed at the recent Mid Cycle Briefing and, subject to your agreement, have been added to the revised work programme schedule attached.
- 3.2 **Delayed transfers of Care.** Group Spokesperson heard how there has been significant improvement in NY social care performance over the past year. Performing at approximately 3-3.5 delayed days per 100000, against a target of 2.6 – compared with double that figure 6-9 months ago.
- 3.3 Social care delays in acute hospitals are at the 1.8-2.0 level. There still remain challenges around mental health and community hospital delays, partly because of how these are counted, so continuing to work on these issues with NHS.
- 3.4 An update report has been requested for the September committee meeting.
- 3.5 **Supported Housing:** The Government is consulting on proposals on an issue that is of real significance for North Yorkshire. Work is currently underway on some costing and service assumptions. Supported housing/Supporting People services are under pressure. NYCC is already making £1.9m savings but is looking to reduce by a further £500k.
- 3.6 An overview item has provisionally been scheduled for the committee meeting in June.

- 3.7 **Public Health Grant** – there will be a reduction in North Yorkshire’s Public Health Grant by 2020/2021. Group Spokespersons have asked Dr Lincoln Sargeant to raise the issue with the committee when initial work on options has been carried out.
- 3.8 **Short Breaks Proposals:** The directorate is to start a major review of respite/short term breaks (aiming to offer more to people with dementia but also potential changes to existing services), transport (initially focusing on income collection but will look at charging), charging levels. This is likely to be a committee item at the September meeting.
- 3.9 **Wellbeing and prevention block contracts.** Health and Adult Services currently holds contracts with eleven different voluntary and community sector organisations for delivery of support across North Yorkshire. All contracts are due to end on the 30th September 2018, and so if there is to be a continued investment in the voluntary sector a new procurement is needed.
- 3.10 A new contracting model is now proposed to ensure most effective use of resources and to support delivery of NYCC Health and Adult Services 2020 Vision.
- 3.11 The proposed future investment approach has been designed to be in line with the prevention approach which has been developed by the Council over the last four years; with more of a focus on outcomes, and on building on and supporting the growth of community assets and strengths.
- 3.12 Support will be prioritised to those at risk of needing regular social care services, and reflect the Council’s aim to prevent, reduce and delay the need for statutory social care services.
- 3.13 The review has identified there is currently an inequitable distribution of services and funding across North Yorkshire. In order to establish a more equitable approach to allocation of funds based on population need an evidence-based funding formula has been developed with Public Health.
- 3.14 A date has yet to be set as to when this will come to the committee, but current thinking is that is best taken at the conclusion of the procurement process

4.0 Social Care Green Paper: Department of Health and Social Care Changes

- 4.1 Group spokespersons considered the change of name from DH to DHSC and emphasis a welcome one.
- 4.2 The Government is currently working on a Green Paper which is about older people and a strategy for working age adults. Both are big issues for NYCC in terms of demographics, quality and cost. Our major demographic and market issues are about older people, but highest costs are around support for people with learning disabilities. Also, the greatest service risk is the scarcity of mental health provision across the County.

- 4.3 Bearing in mind there is also a joint Health Select and MHCLG Select Committees' review of long term funding of adult social care, these three major elements could be the subject of a broad ranging committee session later in the year, ideally when the Government's intentions around the green paper become clearer.

5.0 Recommendations

- 5.1 The Committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

DANIEL HARRY

SCRUTINY TEAM LEADER

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14 March 2018

Care and Independence Overview and Scrutiny Committee

Scope

The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector

Meeting Details

Committee meetings	Thursday 22 March 2018 at 10.30am
	Thursday 10 May 2018 at 10.30am
	Thursday 28 June 2018 at 10.30am
	Thursday 27 September 2018 at 10.30am
	Thursday 13 December 2018 at 10.30am
Mid Cycle Briefings	Thursday 10 May 2018 at 10.30am
	Thursday 26 July 2018 at 10.30am
	Thursday 15 November 2018 at 10.30am

Programme

BUSINESS FOR THURSDAY 22 MARCH 2017			
SUBJECT	AIMS/PURPOSE	COMMENTS	LEAD
Resource Management Theme	Prevent Reduce Delay Strength Based Assessments	A follow up to the information committee received on Reablement and planned care. More detailed look at background, what makes a good assessment, Implementation, Savings and Next Steps	Rachel Bowes

User engagement	how confident can we be that services are person centred; are services locally appropriate, have they been planned with individuals to put them and their carers in control to deliver the best outcomes“	Initial awareness raising session on our model of engagement at committee. Discussion of less formal approach, possibly meeting in a community or user-led venue. The ambition is to hear directly from user groups about key issues.	Louise Wallace/Shann Carrell/ Sheila Hall
Community Mental Health Pathways	Folded into item on Health and Social care Integration Theme	Understand better how community services are organised around the communities where people live and the GP practices people use, and how partners work together	Louise Wallace
BUSINESS FOR THURSDAY 28 JUNE 2018			
Annual Older Peoples Champion Report			
Learning Disabilities Service	Changes to the service focusing on user participation and co-design of services. Possible strategy consideration	Part of Committee work on User Engagement and Participation	
Supported Housing (Funding)	The former SP budgets and savings and the national consultation on supported housing funding	possibly moved to September meeting	Kathy Clark
Banded Extra Care Charges	Revision of charging scheme in all extra care settings across the county Committee as consultee.	Issue may have to be moved to Mid Cycle Briefing in July. RB to liaise to consider necessity/feasibility converting status of MCBriefing to full committee.	Dale Owens

		Second meeting required – probably in prior to proposals being taken by Executive	
BUSINESS FOR THURSDAY 27 SEPTEMBER 2018			
Short Breaks Proposals	Major review of respite/short term breaks (aiming to offer more to people with dementia but also potential changes to existing services), transport (initially focusing on income collection but will look at charging), charging levels		Dale Owens/Kathy Clark
Prevention/Voluntary Sector mental health contracts	Overview of the wellbeing and prevention block contracts across North Yorkshire.	Review and outcome of procurement process	
Health and Social Care Integration	Report of Task Group		
BUSINESS FOR THURSDAY 13 DECEMBER 2018			
Delayed transfers of Care	Trends and actions on Delayed Transfer of Care	Update on current performance and implications	Louise Wallace
PH Grant Proposals	Impact of £2.7m national reduction in North Yorkshire's Public Health Grant by 2020/2021		Dr Lincoln Sargeant
Session on Ageing Green paper	Government is currently working on a Green Paper which is about older people and a strategy for working age adults.	Discussion will reference the intended national strategy for working age adults and the review of the long term funding of social care.	

Mid Cycle Briefings

10 May 2018

H & SC Integration: Update on Lessons Learned Scarborough Bid

Consultants work on Care Market - emerging conclusions. Possible committee item for June
Introduction to the Adult Social Care Outcomes Framework (ASCOF) - measures how well care and support services achieve the outcomes that matter most to people..

26 July 2018

Supported Living Review – savings and possible joint commissioning approach with aligned investment and shared priorities.
Prevention/Voluntary sector mental health contracts

15 November 2018

Initial discussions on PH Grant Proposals – Impact of £2.7m national reduction in North Yorkshire's Public Health Grant by 2020/2021

Update on DPH Annual report